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Colorado Secretary of State

Date and Time: 01/29/2018 11:20 AM

ID Number: 20121008968

Document number: 20181087740

Amount Paid: \$100.00

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(mm/dd/yyyy hour:minute am/pm)

Statement of Conversion

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1.	For the converting entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are					
	ID number	20121008968 (Colorado Secretary of State ID number) Boebert Consulting LLC				
	Entity name or true name					
	Form of entity	Limited Liability Company				
	Jurisdiction	Colorado				
	Street address	340 Panoramic Dr				
		(Street number and name)				
		Silt	CO	81652		
		(City)	(State) United S	(ZIP/Postal Code)		
		(Province – if applicable)	(Country			
	Mailing address (leave blank if same as street address)	(Street number and nam	ne or Post Office I	Box information)		
		(City)	(State)	(ZIP/Postal Code)		
		(Province – if applicable)	(Country	······································		
2.	The entity name of the resulting entity in (Caution: The use of certain terms or abbrevia)			or more information.)		
3.	The converting entity has been converted	ed into the resulting entity pu	rsuant to sect	ion 7-90-201.7, C.R.S.		
4.	(If applicable, adopt the following statement by man. This document contains additional in the statement by man.)	-				
5.	(Caution: Leave blank if the document does no legal consequences. Read instructions before		Stating a delaye	d effective date has significan		
	(If the following statement applies, adopt the statem	ent by entering a date and, if applicab	le, time using the	required format.)		

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The delayed effective date and, if applicable, time of this document are

such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

6. The true name and mailing address of the individual causing this document to be delivered for filing are

	Boebert	Lauren	0	
	340 Panoramic Dr	(First)	(Middle)	(Suffix
	(Street number o	and name or Post Offi	ice Box information)	
	Silt	СО	81652	
	(City)	United S	(ZIP/Postal C	ode)
	$(Province-if\ applicable)$	(Country	v)	
	ement by marking the box and include arue name and mailing address of	*	ditional individu	alc
causing the document to be d	•	n one or more at	aditional marvidu	u15

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Articles of Incorporation for a Profit Corporation

filed pursuant to § 7-102-101 and § 7-102-102 of the Colorado Revised Statutes (C.R.S.)

. The domestic entity name for the corp	oration is				
	Boebert Consulting LLC				
(Caution: The use of certain terms or abbrev	viations are restricted by law. Read	l instructions for	r more information.)		
2. The principal office address of the cor	poration's initial principal off	ice is			
Street address	340 Panoramic Dr				
	(Street number and name)				
	Silt	CO	O 81652		
	(City)	(State) United S	(ZIP/Postal Code)		
	(Province – if applicable)	(Count	ry)		
Mailing address					
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
			-		
	(City)	(State)	(ZIP/Postal Code)		
	(Province – if applicable)	(Count	ry)		
B. The registered agent name and register	red agent address of the corpo	oration's initia	l registered agent are		
Name					
(if an individual)					
or	(Last)	(First)	(Middle) (Suffi.		
(if an entity)	JOB903 LLC				
(Caution: Do not provide both an individual)					
Street address	340 Panoramic Dr				
	(Street number and name)				
	Silt	CO	81652		
	(City)	(State)	(ZIP/Postal Code)		
Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City)	<u>CO</u> (State)	(ZIP/Postal Code)		

X The person appointed as registered agent above has consented to being so appointed. 4. The true name and mailing address of the incorporator are Name (if an individual) (Middle) (Last) (First) (Suffix) or JLB903 LLC (if an entity) (Caution: Do not provide both an individual and an entity name.) 340 Panoramic Dr Mailing address (Street number and name or Post Office Box information) Silt CO 81652 (City) (State) (ZIP/Postal Code) **United States** (Province - if applicable) (Country) (If the following statement applies, adopt the statement by marking the box and include an attachment.) The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment. 5. The classes of shares and number of shares of each class that the corporation is authorized to issue are as follows. () The corporation is authorized to issue 100 common shares that shall have unlimited voting rights and are entitled to receive the net assets of the corporation upon dissolution. () Information regarding shares as required by section 7-106-101, C.R.S., is included in an attachment.

6. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

(The following statement is adopted by marking the box.)

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are

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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing the document to be delivered for filing are **Boebert** Lauren (Middle) (Last) (First) (Suffix) 340 Panoramic Dr (Street number and name or Post Office Box information) Silt CO (City) (State) (ZIP/Postal Code) United States (Province - if applicable) (Country) (If the following statement applies, adopt the statement by marking the box and include an attachment.) This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing. Disclaimer: This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).